

UNITED STATES DISTRICT COURT

DISTRICT OF

**APPEARANCE**

Case Number:

To the Clerk of this court and all parties of record:

Enter my appearance as counsel in this case for

I certify that I am admitted to practice in this court.

/s/ CAREY D. GORDEN

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Bar Number

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Address

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City

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Zip Code

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